State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9

Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

	Section Section	and the first		15000
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		F-1883	-1-	10.70

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMIT <del>TE</del> E INFO	RMATION	STATES NO STATES	Ar her sales
Full name of committee (as on Statement of Organization)  Check if this is a new name of the committee (as on Statement of Organization)  Output  Description:	ne	NO A STREET B LOADS	
John Snethen For Town	Counc	.1	AND MADE OF STREET
2. Acronym or abbreviated name, if any	3. Committee tele	phone number	Jackson 60 toxa8 milest
priority from a first the many and the second of the secon	( )		
	Check if this is a new a	idress	UTAL PAGES: Entail list to
101 Tecumseh Drive			party partitions for Support
5. City, state, ZIP code	6. Party affiliation	4 1	
Sheridan In 46069	Kepu	THE RESERVE AND ADDRESS OF THE PARTY OF THE	
CANDIDATE INFORMATION (For Car		THE RESIDENCE OF THE PARTY OF T	
7. Full name of candidate (include any nickname)  Snethen	8. Party affiliation		
9. Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of resi	ublican	
Town Council		rilton	
TYPE OF REPORT	11011		CANDIDATES ONLY
11. Check one:	Andreas and	Check one:	Derbita and the solution of the
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19,	and 20 must be "0")	Pre-Canvention	
Outgoing Treasurer (within 10 days amend Statement of Organization)		Post-Convention	the process or series a little
12. Reporting period:		COLUMN A	COLUMN B
From: 10-11-03 Through: 12-31-	03	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	Name, include 222	0	
14. Cash on hand and investments January 1, current year.			0
CONTRIBUTIONS AND RECEIPTS	AL 1 (40) - TH	is become	
(Note: these amounts include in-kind contributions and loans, as well as cash cor	ntributions.)	22.00	263.70
15a. Itemized (use Schedule A)	-	87.00	283.79
15b. Uniternized	3,49300000000	87.00	283.79
15c. Add lines 15a, and 15b in both columns  16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	87.00	283.79
EXPENDITURES	TO THE REAL PROPERTY.		
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	tanden rad pe	87.00	283.79
17b. Uniternized	ni-sline A "Jesh	0	0
17c. Add lines 17a and 17b in both columns	SUBTOTAL	87.00	283.79
AND ENGINEER AN AND REAL PROPERTY OF CASE OF CASE OF THE PARTY OF MARK		0	0
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both	columns) TOTAL		
19. Debts OWED BY the committee (use Schedule D)	tolstall in		and the state of the state of the
20, Debts OWED TO the committee (use Schedule E)	Several villa	0	<b>的复数形式 化水油 机电影的 电</b>

CERTIFICATION

Signature on File

WARKING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)





State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Connie Pearson	Contributions:  ☐ Direct ☐ th-Kind (describe)	noo ila to saon	196.79	emas ital elt s
Connie Pearson 406 & 54n St. Sheridan In 46069	Yard Signs	87.00	283.79	10-20-03
Contributor's Occupation (if required) Clerk Treasurer	Other Receipts:  Interest  Loan Misc (specify)	contributor  contributor  contributor  contributor	edon for other	ORTANT:
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Contributor's Occupation (if required)	Other Receipts:	EAR-TO-DA	SULLTIVE Y	DO S NEW
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	RECEIVED BY
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A named on the entry in Column 4.	Contributions:  Direct In-Kind (describe)	calendar y	does to rec	ger terit 48
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to appead in an account. For cash contributions, the parties of what malled or deposited in an account.  Ontribution for the committee, (IC 3-9-1-25)	Other Receipts:  Interest □ Loan □ Misc (specify)	s selfinime:	nerw broken and seins	m ena anobud YB QBVB
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MA ADDRESS (street, number, city, state, ZIP code)	LING TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVE RECEIVED BY
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B CUMULATIVE	DATE RECEIVED
ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

#### (CFA-4 SCHEDULE B) Itemized Expenditures

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INSTRUCTIONS: Please type or print legibly IN BL schedule, see instructions on the reverse side. This 17a of the Summary Sheet. All cumulative expourer entities OVER \$100 per recipient, within a if regular party committee). All cumulative expecommittees (such as transfers-out from candidated MUST be itemized on this schedule.	s schedule is used to document senses paid to individuals, busing a calendar year MUST be itemize enses, including in-kind, regardi	expenditures totaled on ITEM esses, labor organizations and ed on this schedule (over \$200, ess of amount paid to political
to statistence of the expensions are to	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITUR
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

### (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

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Page	of				

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

		PUBLIC QUESTION INFORMATION	.9	useros ai fi so	u gareu sageq o l best segeq o
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Type of Question: Statewide Loc Position: Supported Opposed		of the public question is statewice or to		hed slate box indic	irnstab need t joigns erd doe
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

### (CFA-4 SCHEDULE D) Debts Owed by This Committee

Page

FILE NUMBER
• 30

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME  & MAILING ADDRESS  (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT  NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDIN BALANCE TH PERIOD
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ENDERS OCCUPATION:	nterest. A debt may be avent our and about the same of showing up or additional insuer.	tuerthw to rithwist to was the saw of the stiffs name of the	0	0	0
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-8-5-14) Approved by State Board of Accounts 1999

### (CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

Page

FILE NUMBE	R
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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